



## PETITION FOR ADOPTION, AMENDMENT, OR REPEAL OF A STATE ADMINISTRATIVE RULE (RCW 34.05.330)

The Office of Financial Management (OFM) has adopted this form for members of the public who wish to petition a state agency to adopt, amend, or repeal an administrative rule (regulation). Full consideration will be given to a petitioner's request.

**Please complete the following:**

PETITIONER'S NAME (PLEASE PRINT)			TELEPHONE NUMBER (INCLUDE AREA CODE)	
STREET ADDRESS	PO BOX NUMBER	CITY	STATE	ZIP CODE
AGENCY RESPONSIBLE FOR ADMINISTERING THE RULE				

Please submit completed and signed form to the **"Rules Coordinator"** at the appropriate state agency. The agency will contact you within 60 days.

Check all that apply below and explain on the back of this form with examples. Whenever possible, attach suggested language. You may attach other pages if needed.

☐ **1. NEW: I am requesting that a new WAC be developed.**

**I believe a new rule should be developed.**

- ☐ The subject of this rule is:
- ☐ The rule will affect the following people:
- ☐ The need for the rule is:

☐ **2. AMEND: I am requesting a changing to existing WAC \_\_\_\_\_.**

☐ **3. REPEAL: I am requesting existing WAC \_\_\_\_\_ be removed.**

**I believe this rule should be changed or repealed because (check one or more):**

- ☐ It does not do what it was intended to do.
- ☐ It imposes unreasonable costs.
- ☐ It is applied differently to public and private parties.
- ☐ It is not clear.
- ☐ It is no longer needed.
- ☐ It is not authorized. The agency has no authority to make this rule.
- ☐ It conflicts with another federal, state, or local law or rule. Please list number of the conflicting law or rule, if known:
- ☐ It duplicates another federal, state or local law or rule. Please list number of the duplicate law or rule, if known:
- ☐ Other (please explain):

PETITIONER'S SIGNATURE	DATE
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